TABLE Comparison of sodium polyanethol sulphonate (SPS) with other methods of identifying *Gardnerella vaginalis* in 83 vaginal specimens

Organisms	No	Typical <i>G vaginalis</i> morphology	Positive catalase test	Inhibition by:	
				Hydrogen peroxide	SPS
<i>G vaginalis</i>	41	41	0	41	31
" <i>G vaginalis</i> like"*	19	0	0	19	8
Vaginal "diphtheroids"	16	0	16	16	0
Vaginal lactobacilli	7	0	0	7	0

*These organisms were of atypical Gram stain morphology.

They found that all strains previously identified as *G vaginalis* were inhibited by SPS and by *Str sanguis*: none of the other species tested was inhibited by both. They concluded that inhibition by SPS and *Str sanguis*, along with typical colony and Gram stain morphology and negative catalase and oxidase tests, provided excellent identification of *G vaginalis*.

I too have tested this compound (Liquoid, Roche Ltd) against organisms isolated from vaginal specimens, in conjunction with my routine methods of identification.² My results are shown in the table.

Unlike Reimer and Reller, I found that only 76% of *G vaginalis* organisms were inhibited by SPS, which, although it helped to exclude catalase positive vaginal coryneforms and lactobacilli, did nothing to improve the identification of *G vaginalis* and its differentiation from the atypical "*G vaginalis* like" organisms often found in bacterial vaginosis.

I also compared the easier, direct application of a loopful of 5% SPS on to seeded lawns of organisms under test, and found it to be as effective as prepared discs in producing zones of growth inhibition. The SPS solution proved to be stable for up to two months in a refrigerator, and obviated the chore of manufacturing discs.

Yours faithfully,

Brian M Jones

Department of Medical Microbiology,
University of Sheffield Medical School,
Beech Hill Road, Sheffield S10 2RX

References

1. Reimer I.G., Reller I.B. Use of sodium polyanetholsulfonate disk for the identification of *Gardnerella vaginalis*. *J Clin Microbiol* 1985; **21**: 146-9.
2. Jones B.M. *Gardnerella vaginalis* associated vaginosis—a "new" sexually transmitted disease. *Med Lab Sci* 1983; **40**: 53-7.

TO THE EDITOR, *Genitourinary Medicine*

Analysis of questionnaires completed by some participants at the 2nd international conjoint meeting held in June 1984 in Montreal

Sir,

Readers who attended the 2nd international conjoint STD meeting in June 1984 in Montreal may remember the survey questionnaire that was handed out to all participants. The purpose of the survey was to obtain information on them and on their opinions relative to sexually transmitted diseases (STDs).

Two hundred and sixty three completed questionnaires were returned, giving a response rate of about 22%. Of the respondents, 61% were men; 44% were aged less than 35 years and 86% less than 50; 82% were heterosexual; 62% were married; 37% came from Québec, 16% from the rest of Canada, 29% from the USA, and 12% from Europe; 31% were Protestant and 53% Catholic; 11% were nurses, 27% general practitioners, and 45% medical specialists.

Some non-respondents, in discussions with us, questioned the pertinence of such a survey of opinions at a scientific meeting, a view that was perhaps shared by other non-respondents. We believe that some of the survey findings bear on this point, granting that great caution must be exercised in interpreting the results of a study with such a low response rate.

Sixty two variables were measured by the questionnaire, between which 183 associations were tested by χ^2 analysis, setting the significance level at $p=0.00027$ ($=0.05 \div 183$). Many associations were detected that were either expected or at least not surprising, such as sex and profession, homosexuality and being single, and

number of sexual partners and a history of STD. More interesting are the results related to the three attitude scales pertaining to: (1) the perceived effectiveness of medical intervention for STD, (2) the perceived contributions of individuals to their STD problems through their own behaviour, and (3) the STD problem as a moral issue. Each attitude was measured by a 6 to 10 item Likert type scale; at the analysis stage, some items were deleted from the scales because of poor correlations with the total score for their scale. The adjusted scores for the first two scales showed no significant associations with any other variable. The third scale did.

In its final form, this scale contains the following statements, about each of which the respondent had to express his degree of agreement or disagreement, on a scale of 1 to 5: (1) "the incidence of STD is an indication of the weakening of social values", (2) "the problem of STD is basically a moral problem", (3) "society has the right to treat a person with an STD against his or her will", (4) "no patient with an STD should be forced to disclose the names of his or her sexual partners", and (5) "it is useless to blame patients with an STD for their behaviour."

A high score on this scale, indicating a moralistic attitude, was significantly associated with being Catholic and with working in research and (almost significantly) with being aged 30 or older and with not being a general practitioner. On discriminant analysis, the most important independent predictors of a moralistic attitude were: being a Catholic, being heterosexual, working in research, and not being a general practitioner.

We find it intriguing that the only non-trivial findings of the survey should be an association between the respondents' moral attitude toward STD and some of their personal characteristics. Being a professional concerned with STD apparently does not obliterate the moral attitudes related to one's background. How these attitudes influence the professional's behaviour is an important question, which our unpretentious survey cannot answer.

Yours faithfully,

Robert Allard
Jean Robert

Department of Community Health,
Hôpital Saint-Luc,
Montréal, Québec H2X 3H9, Canada